

**SWORN AFFIDAVIT FOR COMPLAINT LOG INVESTIGATION**  
**CHICAGO POLICE DEPARTMENT**

STATE OF ILLINOIS )  
COUNTY OF COOK ) CC

Location of Incident	Date	Time
Summary of Statement(s):		

**RECORDED**

Print A Parent's Name

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Print Witness's Name

Affiant's Signature

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Witness's Signature

~~Dark~~

Date

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CPD-44.126 (Rev. 6/09) English

**Attachment No**

**Complaint Log No.**